

M20000000057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAR 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2020

NINA KANI
221 MAIN ST #250
SAN FRANCISCO, CA 94105

SUBJECT: HOME CARE ASSISTANCE OF FLORIDA, LLC
Ref. Number: M20000000057

We have received your document for HOME CARE ASSISTANCE OF FLORIDA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 820A00008268

NICHOLSON & EASTIN, LLP

ATTORNEYS AND COUNSELORS AT LAW
707 N.E. 3RD AVENUE, SUITE 301
FORT LAUDERDALE, FLORIDA 33304
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ERIN M. FERBER, ESQ., CPC-A
EMAIL: Erin@NicholsonEastin.com

March 3, 2021

SENT VIA U.S. MAIL

Registration Section
Division of Corporations
Attn: Terri Schroeder
P.O. Box 6327
Tallahassee, FL 32314

RE: Home Care Assistance of Florida, LLC
Document No.: M20000000057

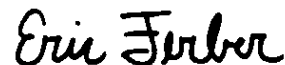
Dear Ms. Schroeder,

Enclosed please find a revised "Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida" for the above-referenced entity. Please note, Home Care Assistance of Florida, LLC ("HCAF"), submitted an associated application in April 2020, which was returned. HCAF was instructed to submit corrected documentation, which is enclosed.

Please contact the undersigned regarding any matters related to this change of information.

Sincerely,

Nicholson & Eastin, LLP



Erin M. Ferber, P.A.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Care Assistance of Florida, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nina Kani

Name of Person

Home Care Assistance

Firm/Company

221 Main Street, Suite 250

Address

San Francisco, CA 94105

City/State and Zip Code

nkani@homecareassistance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Ferber, Esq.

at (954) 634-4400

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Home Care Assistance of Florida, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M20000000057

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 2, 2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

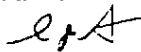
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removal of two Members listed below:

2021 MAR 10 AM 9:19

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Chen Xie	221 Main Street, #520	<input type="checkbox"/> Add
		San Francisco, CA 94105	<input checked="" type="checkbox"/> Remove
Member	Ty Shay	221 Main Street, #520	<input type="checkbox"/> Add
		San Francisco, CA 94105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Mike Schantz

Typed or printed name of signer

Filing Fee: \$25.00